

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV. 10/92)

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CLAIMANT'S NAME Paul Navarro			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Legislative Affairs		
POSITION Deputy Legislative Secretary			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			INDEX NUMBER		
CITY STATE ZIP			CITY STATE ZIP			TELEPHONE NUMBER		

MONTH/YEAR 3/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
22-Mar	10:30am	Sacramento - LA					174.70	Plane	55.00		0.00	229.70	
22-Mar	7:30pm	LA- Sacramento					174.70	Plane	950 15.00		0.00	189.70	
											0.00	0.00	
											0.00	0.00	
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											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	349.40	0.00	70.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL											419.40	\$419.40	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meeting with the Governor at Oak Productions.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240958

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3-23-10

SIGNATURE OF SPECIAL AGENT

AND PAYMENT

DATE

3/25/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE

3/24/10